



ACH DEBIT AUTHORIZATION FORM

I (we) hereby authorize America's Christian Credit Union to initiate debit entries from my checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authorization will remain in effect until America's Christian Credit Union is notified by me (us) in writing to cancel it in such time as to afford America's Christian Credit Union a reasonable opportunity to act on it.

FROM:

(Name of Financial Institution)

(Address of Financial Institution)

(Routing Transit Number)

(Phone Number)

(Account Number)

Checking

Savings

TO:

America's Christian
credit union

(Account Number)

Savings/Checking: _____
(Suffix)

\$ _____
(Amount)

Effective Date: _____

Frequency: _____

Loan Number: _____

\$ _____

Loan Number: _____

\$ _____

(Loan payments will be transferred on the loan due date.)

If financial institution is other than ACCU, PLEASE ATTACH A VOIDED CHECK TO THIS FORM

I (we) understand that America's Christian Credit Union reserves the right to cancel this agreement and terminate this transfer, with or without cause, followed by a written notification from me (us). I (we) understand that the origination of an ACH transaction to or from my (our) account must comply with provisions of United States Law.

I understand that the rate will increase by .25% if my loan is not on automatic payments.

(Signature / Date)

(Signature / Date)

(Name - Please Print)

(Name - Please Print)

[] No, I do not elect to have automatic payments at this time.

(Signature)

(Date)